

10/541773

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

8-29-06 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	3					
2							52	3					
3							53	3					
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60	3					
11							61		1	1			
12							62		1		1		
13							63		1		1		
14							64		1		1		
15							65		1		1		
16							66		1		1		
17							67		1		1		
18							68		1		1		
19							69		1		1		
20							70		1		1		
21							71		1		1		
22							72		1		1		
23							73		1		1		
24							74		1		1		
25							75		1		1		
26							76		1		1		
27							77		1		1		
28							78		1		1		
29							79		1		1		
30							80		1		1		
31							81		1		1		
32							82		1		1		
33							83		1		1		
34							84		0		3		
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50		3					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						